

USAID



Leading the Global Fight Against Tuberculosis: CSHGP

Presented by the Office of Health, Infectious
Disease and Nutrition, Bureau for Global Health



Tuberculosis

A Global Emergency

- TB kills 5,000 people a day and 2-3 million people each year, 98% of whom live in the developing world
- 1/3 of the world's population is infected with TB
- TB is a women's health issue - 750,000 women die each year of TB
- Hundreds of thousands of children will become TB orphans this year
- 1 out of every 3 HIV/AIDS patients has TB



Challenges to TB Control

- Lack of adequately trained workforce and cadre of international TB experts
- HIV co-infection and drug resistance
- Need for secure drug supplies for ALL infectious patients
- Insufficient technology for diagnosing and managing TB
- Limited cooperation with private providers



USAID's TB Strategy

GOAL: Contribute significantly to the global effort to prevent/control TB, particularly through Directly Observed Treatment, Short-Course (DOTS) expansion

- Expand capacity in key countries
- Strengthen global/regional partnerships
- Expand cadre of TB experts
- Increase investment in new tools
- Measure and monitor impact



DOTS: Key to USAID's Programs

- ***What is DOTS:*** 1) Political commitment; 2) Diagnosis by microscopy; 3) Adequate supply of TB drugs; 4) Directly observed treatment; and 5) Accountability
- ***DOTS is inexpensive:*** A full 6-month TB treatment course costs only \$5 - \$20
- ***DOTS is effective:*** With proper treatment, TB cure rates can be 95% or higher



Setting Priorities

Targeting:

- Countries of greatest need, defined by TB burden and incidence
- Countries with high HIV/AIDS prevalence
- Countries at risk of escalating Multi-drug resistant (MDR) epidemics

Other factors:

- Government commitment
- Capacity of USAID and other key TB partners
- Foreign policy considerations



TB Country Programs

USAID - 2002

Africa

DR Congo

Ethiopia

Kenya

Malawi

Senegal

South Africa

Uganda

Asia/Near East

Bangladesh

Cambodia

Egypt

India

Indonesia

Pakistan

Philippines

Europe & Eurasia

Central Asian Republics

Estonia

Georgia

Kosovo

Latvia

Lithuania

Russia

SE Europe Regional

Ukraine

Latin America/ Caribbean

Bolivia

Brazil

Dominican Republic

El Salvador

Haiti

Honduras

Mexico

Peru



Bold: High-burden country

TB & the CSHG Program

- PVOs submitting a “100% TB Application” are exempt from the rule of no more than six on-going grants
- PVOs will need to demonstrate a clearly defined role within the context of a NTP
- PVOs have the capacity to offer a community-centered approach:
 - DOT supporters
 - Raise awareness / provide education & training
- Demonstration of past performance / collaboration

